

James S. Cheng Secretary of Commerce and Trade



William C. Shelton

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

MEMORANDUM

VIRGINIA MANUFACTURED HOUSING BOARD APPLICATION FOR LICENSURE BROKER

1.	Type of application () Initial () Renewal			
2.	Full name of business:			
3.				
4.	Mailing address (include street and/or P.O. Box)			
5.	Full physical address of business location:			
	Doing business in the () City; () County; or () Town of:			
6.				
7.	Name of individual applying:			
8.				
9.	Federal identification number (F.I.N.):			
10.	State in which incorporated:			
11.	Business hours as posted at business office:			
12.	List below all owners, officers and/or partners, their percentage of ownership, titles, telephone numbers and mailing addresses.			
13.	List any previous license numbers issued by the Board that you have conducted business under during the last five years. (Include any licenses issued by the Department of Motor Vehicles.)			



14.			ly licensed by the Virginia Manufactured Housing Board.		
15.	of b	st full names of all employed salespersons along with a full physical description including date birth, sex, height, weight, hair color and eye color. You may attach a separate sheet, if cessary.			
16.	of the	ne following question	w and check the appropriate response. If you answer "yes" to any ons, please attach a separate sheet explaining the circumstance(s) include names, dates and court jurisdictions, copy of probation		
	A.	Have you ever bee suspended or revol	n refused a license to sell manufactured homes or had a license ked?		
		Yes	No		
	B.	Have you ever been convicted of a felony?			
		Yes	No		
	C.	Have you ever been convicted of any fraudulent or criminal act in connection with the business of selling manufactured homes?			
		Yes	No		
	D.	Have your ever been convicted of larceny OR receipt or sale of stolen property?			
		Yes	No		
	E. Have you ever been affiliated with, held an interest in; or operated a company/dealership that went bankrupt?				
		Yes	No		

Statement of Compliance

I certify that I am familiar with the Manufactured Housing Licensing and Transaction Recovery Fund Regulations and other laws which govern the manufactured housing industry, and that I am in compliance with all such laws and regulations, and that the answers contained in the foregoing application are true and correct and that I have the authority to sign this application and answer the questions contained therein.

Name of Business:				
Signature of Applicant:				
Print Name:				
Date of Signature:				

NOTE

Return the completed application along with a check or money order made payable to: Treasurer of Virginia

Department of Housing and Community Development Division of Building & Fire Regulation P.O. Box 652 Richmond, Virginia 23218-0652